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# Volunteering with Project:London

## Morag Forbes

### midwife

*The theme of this Midwifery Matters was 'meeting women's needs', and I knew immediately which group of women I should write about. During my time volunteering with Doctors of the World in London, I have seen first hand how many vulnerable childbearing women are not having their needs met. I will briefly explain how I got involved with Doctors of the World, then move on to look at the type of situations our clients encounter.*

### Getting Involved

I moved to London in October 2008, to take up a job as a caseloading community midwife. I was looking forward to working in the way I had always dreamed of, providing continuity of care to women I knew. However, I was also thinking of my long term ambition of taking part in overseas aid/solidarity work. As part of my research for this, I did an internet search of the different NGOs providing medical aid. When I saw that Doctors of the World had a UK programme called Project:London (PL), I knew I wanted to volunteer. I had previously been involved in migrant support campaigns in Scotland, and had seen some of the problems faced by people newly arrived in the UK. This would also prove a stark contrast to the mostly middle class, well educated women I cared for in my NHS job.

After contacting Doctors of the World by email, I was invited to attend a UK volunteer evening. This was only a couple of hours long, and outlined the work of PL. We were told we could help with their main Bethnal Green clinic, which opens on Mondays, Wednesdays and Fridays. Alternatively we could help with office work, fundraising, interpreting, or at one of their various outreach projects at homeless centres, hospitals, and religious/cultural events.

I chose to volunteer as a support worker at the Bethnal Green clinic. The clinic has one large room for social consultations, and two smaller clinical rooms for GP checks or more private social consultations. Each session has a duty manager, administrative worker, one or two GPs and up to three support workers. I shadowed another support worker for my first few clinic sessions.

### What PL does

Project:London helps people who have not been able to access NHS care. Most of our clients lack the documentation commonly requested for GP registration either because they are homeless or because they have an irregular immigration status or both. We also encounter people fully documented and entitled to care, who have been refused due to racial discrimination, for example, refugees or asylum seekers.

When someone first presents at PL, they have a full and confidential social consultation with one of our support

workers. We confirm their housing and immigration status, as well as any documentation they may have. We also identify non-medical needs such as food, clothing or housing advice and we make appropriate referrals. Our volunteer GP can provide an immediate basic medical assessment. A local pharmacy kindly provides free prescriptions for PL clients.

The next job for the support worker is to find the person a long-term GP in their local area. This is more or less difficult depending on the area and what documents the person has. In the UK, GPs may accept undocumented patients at their own discretion. Some PCTs have very progressive services and advise GPs to waive the requirement for certain documents; others make it extremely difficult for undocumented people to receive care. However, we are usually successful in the end. In difficult cases our GPs will get involved to advocate directly with the local doctor.

### Childbearing women at PL

During 2006 to 2008, 188 pregnant women presented at the Project:London clinic. Many of these women were not registered with a GP. Lack of access to GP care, in turn, delays access to antenatal care or a safe termination of pregnancy.

In the UK, antenatal, intrapartum and postnatal care are classified as 'immediately necessary' treatment. (DoH letters in May 05 and Jan 06) As such, all pregnant women, regardless of immigration status, are automatically entitled to access maternity services. This includes antenatal care and hospital birth. The woman *must* receive care before any charges are made. However, many PCTs and NHS trusts now have Overseas/Private Patients officers who bill women for maternity care retrospectively. Intentionally or not, this deters many women from accessing care at all, as word spreads in migrant communities. Despite UK law, many of PL's pregnant service users had experienced: refusal of any antenatal care; suspension of antenatal care until payment received; and/or fear of accessing antenatal care due to cost.

As midwives, we know that women who book late for antenatal care are more likely to encounter problems during pregnancy [CEMACH Why Mothers Die]. Delayed access to antenatal care also means women may miss out on screening and diagnostic tests. Asylum seekers and undocumented migrants already present at Project:London later in their pregnancies than the average UK resident would at her GP.

We try to speed up women's access to antenatal care by directly referring them to their local maternity unit. The UK government says that all women should be able to access a midwife directly, without going via a GP [Maternity Matters] In practice, this is much easier in some areas than others!

Honorable mentions should go to some London Trusts

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who have printable self-referral forms on their maternity websites. If any readers work in midwifery management, or at antenatal clinics, this is something positive you could do: make women aware via posters, internet, and so on that they can refer themselves directly to your services. A further step would be to actively search for vulnerable women. PL have several outreach stalls a week for our own clinic, for example at homeless drop-in centres, and community centres.

Perhaps even more worrying than barriers to antenatal care, are the difficulties our service users experience in accessing safe termination of pregnancy. Unlike maternity care, there is no legal precedent in the UK which entitles women without the proper documents to NHS termination of pregnancy. While we can often arrange a termination through the British Pregnancy Advisory Service, and similar organisations, most agencies still expect payment from somewhere. Usually, the NHS would arrange this through a woman's GP. So, for women with no GP, it is extremely difficult to access a free termination of pregnancy.

In the face of these difficulties, some of these women will resort to desperate measures. I vividly remember meeting a woman who had tried to terminate her pregnancy by taking huge amounts of 'misoprostol' which she had received through the post. Thankfully, the pills were fake. We have also heard of women accessing back street terminations before seeking help from us.

Finally, some service users find us first in the postnatal period. It is not uncommon to meet women who are several weeks or months postnatal, who have received no midwife care after the birth. Postnatal care, the 'Cinderella' service even for UK residents, is nonetheless hugely important in supporting new mothers and detecting any postnatal abnormalities. Lack of postnatal care leads on to young babies missing checks and immunisations with the health visitor. Even the basics of baby care can be missed – mothers lose out on breastfeeding support, and those who formula feed lack information on how to prepare bottles hygienically.

The women we meet at Project:London are most likely only a small fraction of all the women in London who

encounter these problems. In a way, they are the lucky ones – they have heard about our service, and once they have attended clinic we will keep advocating for them as long as they need us to.

### **My role as a midwife at PL**

Some readers might be wondering why I took on a support worker role at PL, rather than using my midwifery skills directly. We certainly see a lot of pregnant women at clinic who would appreciate this.

Firstly, the aim of PL is not to replicate or replace NHS care. Were we to run any kind of antenatal service, women might want to return to us for their whole pregnancy. We already have some service users, of all ages and genders, who want us to provide all their GP care – understandable when previous encounters with judgmental healthcare providers might have been intimidating. However, we are a charity with limited means, and can't provide this kind of long term service. More importantly, we shouldn't have to: this is the kind of care which the NHS was established to provide.

Secondly, maternity care is notoriously difficult to insure! It isn't feasible for Doctors of the World to organise insurance for a midwife to practise on their behalf.

I do enjoy my role as a support worker, and the opportunity to help the wide variety of people who arrive at the clinic.

### **Volunteering with Doctors of the World**

I hope this article has given a good idea of the work Doctors of the World does in London, and why it is important for childbearing women. Although the work can be challenging and the situations upsetting, I find it highly rewarding and would recommend that other *Midwifery Matters* readers get involved! Doctors of the World also have a range of overseas volunteering opportunities for midwives. Alternatively, you can donate to the work of Doctors of the World, or take part in their fundraising activities.

For more information, look at [www.mdruk.org.uk](http://www.mdruk.org.uk)

## **Rights of the Child – 20 year Anniversary**

### **Case Studies**

#### **Livia Ottisova**

*During the 20th anniversary year of the UNICEF Convention of the Rights of the Child, Project: London helped:*

*Jyoti (30) and Baby Santosh (4 months)*

Jyoti first came to the clinic six months pregnant after she was refused antenatal care because she hadn't been able to register with a GP (who could make a referral to an antenatal clinic).

Project:London managed to find a GP who accepted her for immediately necessary treatment and also gave her a referral to the hospital, where she began receiving antenatal

care and eventually gave birth to a healthy baby boy.

Three months after giving birth, however, mother and baby have still not been able to register with a GP. They have not had standard follow-up care, and the baby has not received his vaccinations at week 6, as he was supposed to. In spite of being legally entitled to care and having a strong medical need, mother and baby are not able to register because the health authority keeps removing her from the computer system because they "cannot trace her" without her passport and date of entry into the country (??). Without being in the system, the GP surgery is not able to

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give them immunisations.

In the words of one of our doctors (I'm not sure if she'd like to be quoted on this, but I fully agree!):

"This might be something to raise with the health authority at some stage, seems like very poor public health management on their part if children cannot even get basic checks and immunisations."

*Grace (32) and Baby Michael (5 days old)*

Grace came to P:L when she was 25 weeks pregnant without having accessed antenatal care. We helped her register with a GP, who referred her for antenatal care.

Grace has now moved with her 5-day old child and has been unable to register with a GP surgery in her new area. She has tried many different surgeries but none will register her, in spite of the fact that she has a NHS number. She also has not received any visits from the health visitor in her area to look after her baby.

*Patience (30), 35 weeks pregnant*

Patience came to our clinic 35 weeks into her pregnancy. She had received no antenatal care whatsoever – she was turned away by the NHS for 'not being entitled', and also refused by private providers when they found out she was not able to access NHS services as a 'backup'.

P:L helped Patience register at a GP surgery, and at 35 weeks she was referred to the hospital for remaining antenatal care and to register to give birth. She was sent an invoice from the hospital claiming she must pay a £2000 deposit if she wants to give birth there, or the quality of antenatal care will be adversely affected.

Patience is not able to pay this sum as she is not legally allowed to work in the UK. She is living with and being supported by her sister's family and awaiting a decision by the Home Office about leave to remain.

## **Notice to all ARM members**

### **Please add your email address to the membership list**

At the last AGM it was decided to add members' email addresses to the membership list. (Many years ago I did include this box on the subs form, but there were so many 'free' email offers that members were constantly changing their addresses, making it difficult to keep track).

The subs form in *Midwifery Matters* now includes a box for new members to enter their email address. Obviously this exercise will be useless as a way of instant communication unless all or most members' email addresses are also held, and existing members using standing orders are unlikely to be using the new subs form.

Consequently, I'm asking everyone to email me ([ikargar@tiscali.co.uk](mailto:ikargar@tiscali.co.uk)) giving your name and address, so I can add your email to the membership list.

Many thanks for your help.

*Ishbel Kargar*  
*Membership Secretary*

## **Change of Meeting Place**

Please note that the June ARM national meeting will be held in Bristol